



REDACTED – FOR PUBLIC INSPECTION

June 25, 2015

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 14-58  
2015 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422  
2015 ETC Annual Report of Mulberry Cooperative Telephone Company, Inc., Study Area Code 320792

Dear Secretary,

On behalf of Mulberry Cooperative Telephone Company, Inc., we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Mulberry Cooperative Telephone Company, Inc. seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations<sup>1</sup>. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter  
Senior Financial Analyst  
Phone: (605) 995-1793  
Fax: (605) 995-1778  
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Randall Maish, CEO, Mulberry Cooperative Telephone Company, Inc.  
Charles Tyler, Telecommunications Access Policy Division

---

<sup>1</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320792
<015>	Study Area Name	MULBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Leah.Richter@vantagepnt.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
-----------------------------------	----------------------------------	----------------------------------

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	320792in510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	320792in610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	320792in1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	320792
<015>	Study Area Name	MULBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	<div><input type="radio"/> (yes / no )</div> <div><input checked="" type="radio"/> (yes / no )</div>
<111>		<div><input type="radio"/> (yes / no )</div> <div><input type="radio"/> (yes / no )</div>
<112>	<p>If your answer to Line &lt;111&gt; is yes, then you are required to file a progress report, on line &lt;112&gt; delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.</p> <p>Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.</p> <div>320792in112.pdf</div> <div>Name of Attached Document</div>	
<113>	Maps detailing progress towards meeting plan targets	<div>Yes</div>
<114>	Report how much universal service (USF) support was received	<div>Yes</div>
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	<div>Yes</div>
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	<div>Yes</div>
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	<div>Yes</div>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<div>Yes</div>

REDACTED - FOR PUBLIC INSPECTION

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320792
<015>	Study Area Name	MULBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Ieah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Ieah.Richter@vantagepnt.com

[illegible]







(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	320792	
<015>	Study Area Name	MULBERRY COOP TEL CO	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select Yes or No or Not Applicable
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	



<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--	--

<010>	Study Area Code	320792
<015>	Study Area Name	MULBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<b>(1200) Terms and Condition for Lifeline Customers</b>		FCC Form 481
<b>Lifeline</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Collection Form</b>		July 2013

<010>	Study Area Code	320792
<015>	Study Area Name	MULBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

<http://www.mintel.net/telephone.php>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

☒

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒

<1222> Details on the number of minutes provided as part of the plan,

☒

<1223> Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	320792
<015>	Study Area Name	RUBBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jean Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059901793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jean.richter@vantagepnt.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	
<2011a>	2nd Year Certification {47 CFR § 54.313(b)(1)i}	
<2011b>	3rd Year Certification {47 CFR § 54.313(b)(1)ii}	
<2011b>	Attachment {47 CFR § 54.313(b)(1)iii}	

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}	
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}	
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}	
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

Certification Support Used to Build Broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017>	3rd year Broadband Service Certification	
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021>	Interim Progress Community Anchor Institutions	
--------	--	--

Name of Attached Document(s) Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	320792
<015>	Study Area Name	MULBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jeah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jeah.Richter@vantageent.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

320792in3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☒

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

320792in3012.pdf

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

☒ (Yes/No)  
☒ (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

☒ (Yes/No)  
☐ (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

☐

320792in3026.xlsx

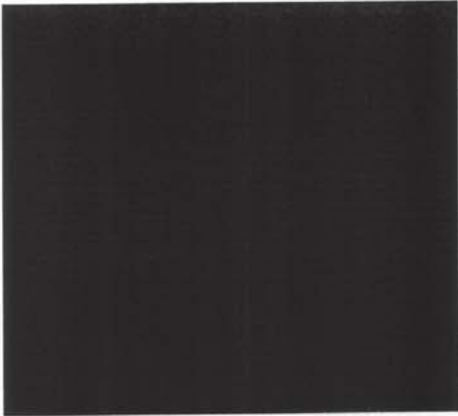
Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<01>	Study Area Code	320792
<01>	Study Area Name	MULBERRY COOP TEL CO
<02>	Program Year	2016
<03>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<03>	Contact Telephone Number - Number of person identified in data line <03>	605951793 ext.
<03>	Contact Email Address - Email Address of person identified in data line <03>	Leah.Richter@vantacorp.com



Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service (TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

# REDACTED – FOR PUBLIC INSPECTION

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	320792
<015> Study Area Name	MULBERRY COOP TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

# REDACTED – FOR PUBLIC INSPECTION

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	320792
<015> Study Area Name	MULBERRY COOP TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier: MULBERRY COOP TEL CO	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 320792	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: MULBERRY COOP TEL CO	
Name of Authorized Agent or Employee of Agent: Leah Richter	
Signature of Authorized Agent or Employee of Agent:	Date: 06/25/2015
Printed name of Authorized Agent or Employee of Agent: Leah Richter	
Title or position of Authorized Agent or Employee of Agent: Senior Financial Analyst	
Telephone number of Authorized Agent or Employee of Agent: 6059951793 ext.	
Study Area Code of Reporting Carrier: 320792	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED – FOR PUBLIC INSPECTION

## Attachments



## REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320792
<015>	Study Area Name	MULBERRY COOP TEL CO
<020>	Program Year	2016
<030>	Contract Name	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagebnt.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]



**REDACTED - FOR PUBLIC INSPECTION**

**MULBERRY COOPERATIVE TELEPHONE COMPANY, INC. (SAC 320792)**

**ATTACHMENT LINE 112**

**Service Quality Improvement Reporting  
Pursuant to 47 C.F.R § 54.313(a)(1)**

**ATTACHMENT REDACTED IN ENTIRETY**

**CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.****Reporting Period January 1 – December 31, 2014****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders within no longer than 2 business days of the request. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their customer service agreement located on their Carrier's website and in their retail office

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 22, 2015.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

**CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.****Reporting Period January 1 – December 31, 2014****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source.

Carrier's central office is equipped with a Genband 15 soft-switch. The switch can be powered by both electricity and propane. The switch is equipped with batteries that can provide power for approximately 8 hours. The Company has seven portable generators which are gasoline powered and can be used to power fourteen remote cabinets which are located throughout the exchange. The remote cabinets are also equipped with batteries capable of providing power for approximately 8 hours. An FM 200 fire suppression system with four zones and three tanks has been deployed in the building which houses the central office switch to mitigate the exposure to fire. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has deployed nine Calix C-7 access nodes on an OC-48 redundant fiber ring and five Occum remote nodes on a 1 gig Ethernet ring which will re-route traffic in the event of a cable cut or when facilities are damaged.

Carrier also has in place a Disaster Recovery Plan, which has been reviewed, approved and adopted by the Board of Directors and Carrier. The Disaster Recovery Plan includes a list of procedures to be followed in the event of an emergency to prevent or mitigate interruption or impairment of service. The procedures have been reviewed with all employees and address the critical functions of the network. The plan includes contact information for key vendors who will assist company personnel in emergency situations.

I verify that the foregoing is true and correct. Executed on June 22, 2015.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

**CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.****Reporting Period January 1 – December 31, 2014****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$47.48. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 15-470, released April 16, 2015. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2015 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 22, 2015.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

**(1200) Terms and Conditions for Lifeline Program Consumers**

**Study Area Code: 320792**

**Study Area Name: Mulberry Cooperative Telephone Company, Inc.**

Attached is Mulberry Cooperative Telephone Company's Lifeline application form. Additional information is available on their website.

**Mulberry Cooperative Telephone Company's Rates and Pricing:**

<http://www.mintel.net/telephone.php>

LIFELINE ASSISTANCE APPLICATION  
Certification Form

REDACTED – FOR PUBLIC INSPECTION

**Please verify your eligibility:**

1. Complete Section A Personal Information
2. Complete Section B **OR** Section C (on reverse side)
3. Complete Section D if applicable (on reverse side)
4. **Initial, sign and date the form in Section E on the reverse side**
5. **Attach a copy of your most recent telephone bill and documents to support your eligibility**
6. Mail the application, bill and documents to Lifeline Administrator, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685

**A. PERSONAL INFORMATION**

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section E on the **reverse** side.

**Customer Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LL Telephone Number** \_\_\_\_\_  
**SERVICE ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
(Required)

- ☐ Check if service address is temporary  
☐ Check if service address is multi-household

Last 4 digits of SSN: \_\_\_\_\_ OR Tribal ID No. \_\_\_\_\_  
(Required)

*Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.*

**B. PROGRAM-BASED ELIGIBILITY**

Check all program(s) in which you or a household member is currently enrolled. You must provide proof of program participation. This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (Do not send original documents.)

- ☐ Food Stamps/SNAP  
☐ Medicaid  
☐ Temporary Assistance to Needy Families (TANF)  
☐ National School Lunch Program's Free Lunch Program  
☐ Federal Public Housing Assistance (FPHA)  
☐ Low-Income Energy Assistance Program (LIHEAP)  
☐ Supplemental Security Income (SSI)  
(Not the same as Social Security Benefits)

**(Documentation will NOT be returned)**

- ☐ I am an individual living on tribal land (any federally recognized Indian Tribe's reservation, Pueblo, or Colony, and Indian allotments)

**If you checked the above box, please also indicate if you participate in any of the following programs:**

- ☐ Tribal Head Start (those meeting the income qualifying standard)  
☐ Bureau of Indian Affairs (BIA) General Assistance programs  
☐ Tribally administered Temporary Assistance to Needy Families (TTANF)  
☐ Tribal National School Lunch Program's Free Lunch Program  
☐ Food Distribution Program on Indian Reservations (FDPIR)

PLEASE SEE OTHER SIDE FOR INCOME-  
BASED ELIGIBILITY METHOD SECTION,  
BENEFIT TRANSFER SECTION  
AND  
SIGNATURE SECTION (REQUIRED!)





Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	Household Size You must Circle One	Yearly Income @ 135 % of Federal Poverty Guidelines
Prior year's State, Federal or Tribal tax return <b>OR</b>			
Social Security; Retirement income			
Alimony or Child Support		1	\$15,755
Wages		2	\$21,236
Bureau of Indian Affairs General Assistance		3	\$26,717
Unemployment; Worker's Compensation		4	\$32,198
If you have more than 4 people in your household, write the number and add \$5,481 for each additional person.			

You must attach proof of income as reported above, examples include:

- Prior year's State, Federal or Tribal tax return **OR**
- **Three months' worth** of your most recent paycheck stub(s) from all employers
- Most recent statement from each type of current income source(s) noted
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits

- Unemployment/Workmen's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

**(Documentation will NOT be returned)**

D. LIFELINE DISCOUNT BENEFIT TRANSFER

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount to Mulberry Tel. you **MUST** initial the following statement.

\_\_\_\_\_ I authorize Mulberry Tel. to transfer any pre-existing Lifeline discount with a different provider to my Mulberry Tel. account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household. I realize that my pre-existing account may be subject to normal charges and fees until terminated by me.

E. SIGNATURE (This section must be filled out completely)

Please read the following statements, initial by each certification, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I **certify under penalty of perjury**, to each and every one of the following:

- \_\_\_\_\_ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;
- \_\_\_\_\_ 2. I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- \_\_\_\_\_ 3. (Only if applicable) If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);
- \_\_\_\_\_ 4. If I move to a new address, I will provide that new address to the telephone company within 30 days;
- \_\_\_\_\_ 5. (Only if applicable) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- \_\_\_\_\_ 6. My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- \_\_\_\_\_ 7. I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- \_\_\_\_\_ 8. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- \_\_\_\_\_ 9. The information contained in the application and certification form is true and correct to the best of my knowledge.
- \_\_\_\_\_ 10. I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit.

X \_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.**

**Reporting Period January 1 – December 31, 2014**

**Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 22, 2015.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

**CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.****Reporting Period January 1 – December 31, 2014****Sec. 54.313(f)(1)(ii) Community Anchor Institutions**

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2014 to all known anchor institutions within Carrier's service area. All requests for broadband services, and speed, were fulfilled in 2014. Carrier continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on June 22, 2015.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

**REDACTED - FOR PUBLIC INSPECTION**

**MULBERRY COOPERATIVE TELEPHONE COMPANY, INC. (SAC 320792)**

**ATTACHMENT LINE 3026**

**Financial Reports  
Pursuant to 47 C.F.R § 54.313(f)(2)**

**ATTACHMENT REDACTED IN ENTIRETY**